Peace of Mind Property Management, LLC

MAINTENANCE REQUEST

Date _____

Resident Name (s) _____

Full Address _____

Phone _____ E-mail _____

Resident Availability (Mon-Fri 9-4:30 **only**) _____

Type of Maintenance Needed:

☐ Heating ☐ Appliance ☐ Doors/Windows ☐ Plumbing ☐ Electric ☐ Other

Exact nature of problem & cause (if known). **BE SPECIFIC**!

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Resident agrees that this written request authorizes Owner/Agent to enter the Premises without notice at reasonable times to perform the repairs/maintenance. This authorization expires after seven (7) days unless the repairs/maintenance are in progress and Owner/Agent is making reasonable effort to complete the repairs/maintenance, in which event Resident authorizes entry at reasonable times in excess of seven (7) days until such repairs/maintenance are completed.

By signing this request, Resident also agrees that Owner/Agent's staff may conduct a preventative maintenance inspection while in the unit and, to the extent practical, do any necessary repairs. If it is not practical to perform the repairs in conjunction with the repairs requested by Resident under this Maintenance & Repair Request, a new notice of entry will be given for a new repair work.

Resident _____ Date _____

Management Use only:

Appointment Date: _____ Time: _____